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| SAMPLE POLICY & PROCEDURES | | |
| SUBJECT: Perinatal Hepatitis B Virus Transmission Prevention Sample | | |
| NUMBER: | SUPERSEDES: | |
| EFFECTIVE DATE: | | |

PURPOSE: To prevent perinatal hepatitis B virus transmission.

AT THE TIME OF ADMISSION

1. Review the hepatitis B surface antigen (HBsAg) status of all pregnant women admitted for labor and delivery (L&D).
2. Accept only *original laboratory reports* as documentation of hepatitis B status. Verify the test date and that the current test was performed during this pregnancy. Do not rely on a transcribed test result.
3. Place the original maternal HBsAg laboratory report in both the mother and in the infant's medical record. Record the result on the L&D record and newborn assessment.
4. Perform HBsAg testing as soon as possible if there is no documentation of the woman's HBsAg status or if she has clinical hepatitis.
5. Retest women who are known to have engaged in behaviors that put them at risk for acquiring hepatitis B infection during pregnancy (e.g. recent intravenous drug use, a HBsAg-positive sex partner, more than one sex partner in the past 6 months, or treatment for a sexually transmitted disease).
6. Alert the nursery and neonatal intensive care unit (NICU) staff of all HBsAg positive women.
7. Instruct the lab to call L&D and the Nursery or NICU with the newly obtained HBsAg test result ASAP.

AFTER DELIVERY

Infants Born to HBsAg-positive Mothers

1. Administer single-antigen hepatitis B vaccine and hepatitis B immune globulin (HBIG) to all infants within 12 hours of birth. Record the date and time of HBIG and Hepatitis B vaccine administration on the infant's medication administration record (MAR), the Initial Assessment Newborn Nursery Form and the infant's yellow immunization record. This initial hepatitis B vaccine does not count as part of the vaccine series for premature infants weighing

less than 2,000 grams. Premature infants weighing less than 2,000 grams will need three additional doses starting at 1-2 months of age.

2. Provide the following hepatitis B information to all HBsAg positive mothers:
 - Mothers may breastfeed without delay. Administration of HBIG and the recommended hepatitis B vaccine series should eliminate any theoretical risk of transmission through breastfeeding.
 - Modes of hepatitis B virus transmission.
 - The infant will need a HBsAg test and an antibody to HBsAg (anti-HBs) test after completion of the vaccine series at age 9-18 months to ensure the effectiveness of the vaccine.
 - Need for vaccination of their susceptible household, sexual and needle-sharing contacts.
 - Need for substance abuse treatment if appropriate.
 - Need for medical management and possible treatment for chronic hepatitis B.

Infants Born to Mothers with Unknown HBsAg Status

- Administer single-antigen hepatitis B vaccine to infant within 12 hours of birth. Preterm infants with a birth weight ≤ 2000 g should receive hepatitis B vaccine and HBIG ≤ 12 hours after birth. The mother should have blood drawn as soon as possible to determine her HBsAg status. Record the date and time of Hepatitis B vaccine administration on the infant's medication administration record, the Initial Assessment Newborn Nursery Form and the infant's yellow immunization record.
 - a. If the mother is found to be HBsAg positive, administer HBIG to the infant as soon as possible but within 7 days of birth. Notify the infant's pediatric health care provider of the need to provide follow up.
 - b. Alert the infant's pediatric Health Care Provider if the infant is discharged before the mother's HBsAg test result is available.

Infants Born to Mothers with Negative HBsAg Status

1. Administer a dose of single-antigen hepatitis B vaccine to all full-term infants who are medically stable and weigh $\geq 2,000$ grams (4.4 pounds) prior to hospital discharge.
2. Preterm infants weighing $< 2,000$ grams should receive the first dose of hepatitis B vaccine 1 month after birth or at hospital discharge.

AT HOSPITAL DISCHARGE

1. Give the infant's immunization record to the mother and remind her to take it to the infant's first pediatric healthcare provider visit.

DOCUMENTATION

1. Ensure all mothers have been tested for HBsAg prenatally or at the time of admission for delivery and document test results.
2. Complete the vaccine administration, consent record and record the date and time of Hepatitis B vaccine and/or HBIG administration on the Initial Assessment Newborn Nursery Form, and the infant's yellow immunization record.
3. Complete the County of Los Angeles Public Health Hospital Report-Perinatal Hepatitis form for all births to women with positive or unknown HBsAg status. Fax this form to (213) 351-2781 within 24 hours of birth.